MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (64-D)

CERTIFICATE OF DEATH

12017

Reg. Dist. No. 1050

1. PLACE OF DEATH:
County: Charles
City or town: Bensville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Bensville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Carlton Atchison

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife:
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): ? 1910

8. AGE: Years: 36? Months: Days: If less than one day: hrs. min.

9. Birthplace: Waldorf, Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: William Atchison
13. Birthplace: Pomfret, Md.
MOTHER 14. Maiden name: Elizabeth Pickerel
15. Birthplace: Waldorf, Md.
16. Informant: Beatrice Atchison (wife)
Address: Waldorf, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/28/46 (month) (day) (year)
Cemetery or crematory: Oakland
Location: Waldorf, Md.
18. Funeral director: Hunt & Ryon
Address: Waldorf, Md.
19. 12-28 1946 M L Brooks (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 26 1946 about 3 00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 27, 1946, to 19..
and that I last saw him alive on Dec. 27, 1946.

Immediate cause of death	DURATION
Strangulation	5 to 10'
Due to: Suicide	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: 12-26-46
Where did injury occur? Bensville, (City or town) Charles, (County) Md (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: Hung self Injured at work? No

23. SIGNATURE: James L. MacNamara, M.D. (M. D. or other) Deputy Medical Examiner
Address: La Plata, Md. Date signed: 12-27-46

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24B)

CERTIFICATE OF DEATH

12018

★ Reg. Diat. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred: Physicians Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: J. Read Bailey

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Dec. 23, 1892

8. AGE:	Years	Months	Days	If less than one day
	53	11	20	... hrs. ... min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Lawyer

11. Industry or business

FATHER — 12. Name: J. Read Bailey

FATHER — 13. Birthplace: Washington D.C.

MOTHER — 14. Maiden name: Abbie Brawner

MOTHER — 15. Birthplace: Chas. Co. Md.

16. Informant: Turner L. Bailey

Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/15/46 (month) (day) (year)

Cemetery or crematory: Trinity

Location: Dentsville, Md.

18. Funeral director: Hewitt & Rayon

Address: Waldorf, Md.

19. Dec 15 1946 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 13, 1946, at 2:26 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 27, 1945, to Dec. 13, 1946

and that I last saw him alive on Dec. 13, 1946

Immediate cause of death	DURATION
Cirrhosis (portal) of the liver	2 yrs.
Due to	
Due to	
Other conditions: Recurrent asthmatic bronchitis (Include pregnancy within 3 months of death)	1 yr.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D. M. D. or other

Address: La Plata, Md. Date signed 12-13-46

VS A15 9-45.15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22)

CERTIFICATE OF DEATH

*12566

Reg. Dist. No. 101 0

1. PLACE OF DEATH:

County: Charles

City or town: Marbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? His life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State: Maryland County: Charles

City or town: Marbury

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: James Thomas Burgess.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Waughta Burgess

6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Dec 4 1865

8. AGE:

Years	Months	Days	If less than one day
81	—	2	....hrs. ....min.

9. Birthplace: Doucaster, Chas Co. Md.

(Town, county, and state)

10. Usual occupation: Blacksmith Wheelwright

11. Industry or business

FATHER

12. Name: John Burgess

13. Birthplace: Charles Co. Md.

MOTHER

14. Maiden name: Mary Franklin

15. Birthplace: Charles Co. Md.

16. Informant: Mary Rees

Address: Pisgah Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 8 46 (month) (day) (year)

Cemetery or crematory: Methodist

Location: Pisgah Md.

18. Funeral director: Hunter Byron

Address: Waldorf Md.

19. Dec 6 1946 (Date rec'd by registrar) Mary Sutherland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 6 1946, at 9 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1945, to Dec 6 1946

and that I last saw h... alive on Dec. 5 1946

Immediate cause of death	DURATION
Cardio-vascular disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo. C. Bicknell M.D. M. D. or other

Address: Marbury, Md. Date signed: Dec 6 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Get correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12019

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Charles County
City or town: near Bryantown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: Bryantown
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Bryantown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: rural
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME: Eliza D. Butler

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem'l	colored	widow.

6.(b) Name of husband or wife: Albert Butler
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): unknown 1862

8. AGE: Years: 84? Months: Days: If less than one day: — hrs. — min.

9. Birthplace: La Plata, Charle County, Md.
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business: —

FATHER
12. Name: unknown
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Mr. Edward G. Edelen
Address: Bryantown

17. Burial, cremation, or removal. Which?: Burial Date thereof: 12-12-46 (month) (day) (year)
Cemetery or crematory: St Marys
Location: Bryantown Md

18. Funeral director: Hewitt & Edgar
Address: Waldorf Md

19. 12-11 1946 M L Noyes Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 10 1946, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1st 1946, to Dec. 10 1946, and that I last saw h[illegible] alive on Dec. 10 1946.

	DURATION
Immediate cause of death: Terminal Pulmonary Edema.	48 hours
Due to: Arteriosclerotic Cardio-Vascular Renal	unknown
Due to:	
Other conditions: Senile	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Louis L. Gasis M.D.
M. D. or other
Address: Hughesville, Md. Date signed: Dec. 11, 1946

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7a

CERTIFICATE OF DEATH

Reg. Dist. No. 12020 / 1000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: La Plata – Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 83 yrs.

Hospital, institution, or street address where death occurred:
"Elmwood"

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural – La Plata
(If outside city or town limits, write RURAL and give nearest town)

Street No.: "Elmwood"
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Ellen Stockett Chapman

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: ... years

7. Birth date of deceased (mo., day, yr.): July 4, 1863

8. AGE:

Years	Months	Days	If less than one day
83	5	13	... hrs. ... min.

9. Birthplace: La Plata, Charles, Md.
(Town, county, and state)

10. Usual occupation: housework

11. Industry or business:

FATHER
12. Name: Marshall Chapman
13. Birthplace: La Plata, Md.

MOTHER
14. Maiden name: Ellen Stockett
15. Birthplace: Annapolis, Md.

16. Informant: Mrs. Ethel Chapman
Address: La Plata, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/19/46 (month) (day) (year)

Cemetery or crematory: Mt. Rest

Location: La Plata, Md.

18. Funeral director: Hewitt & Ryon

Address: Waldorf, Md.

19. 12-17-46 (Date rec'd by registrar) 19... Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 17, 1946, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 17, 1946, to ... 19...
and that I last saw him alive on December 17, 1946.

Immediate cause of death	DURATION
Coronary thrombosis	Minutes
Due to: Coronary artery disease	2 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.:

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D. Deputy Medical Examiner
M. D. or other

Address: La Plata, Md. Date signed: 12-17-46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

12021

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Charles
City or town: Rural Bryantown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Bryantown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Edward Joseph Edelen Sr.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of ~~husband or~~ wife: Alma G. Edelen
6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Dec 27th 1887

8. AGE: Years	Months	Days	If less than one day
58	11	3	hrs. min.

9. Birthplace: Charles Co.
(Town, county, and state)
10. Usual occupation: Lawyer
11. Industry or business:
FATHER 12. Name: Charles Grantley Edelen
13. Birthplace: Charles Co.
MOTHER 14. Maiden name: Philomena Gardiner
15. Birthplace: Charles Co.
16. Informant: D. E. Edelen (son)
Address: LaPlata, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-4-46 (month) (day) (year)
Cemetery or crematory: St Marys
Location: Bryantown
18. Funeral director: Elmer M. Quade
Address: Hughesville Md
19. Dec 3 (Date rec'd by registrar) 1946 Julia H. Casey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 1st 1946, at 9:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1938, to Dec 1st 1946, and that I last saw h... alive on Nov. 28 1946

Immediate cause of death	DURATION
Coronary Thrombosis	12-1-46
Due to: Gen. Arteriosclerosis Hypertensive Heart Disease	Oct 1938
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: D. E. Edelen M.D.
M. D. or other
Address: LaPlata Md Date signed 12-4-46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

12022

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Charles
City or town: New Part md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: md County: Charles
City or town: New Part md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John S. H. Higgs

3.(b) Social Security Number: —

4. Sex: M | 5. Color or race: W | 6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Matilda

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 13 - 1867

8. AGE: Years: 79 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: St Mary Co md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Alfred Higgs
13. Birthplace: St Mary Co md

MOTHER 14. Maiden name: Catherine Welch
15. Birthplace: St Mary Co md

16. Informant: Mrs Annie Bolding
Address: New Part md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 12-13-46 (month) (day) (year)
Cemetery or crematory: E Principal
Location: Chaptico md

18. Funeral director: Swann & Ryon
Address: Waldorf md

19. 12-11- 19 46 (Date rec'd by registrar) W. L. Mudd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 10 19 46, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 29 19 46, to Dec. 10 19 46
and that I last saw h.. alive on Dec. 10 19 46

	DURATION
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Arteriosclerotic Cardiovascular Disease	10 yrs+
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Farrar Jarboe M.D.
M. D. or other
Address: La Plata, Md. Date signed: Dec. 11/46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

12023

Reg. Dist. No. 1000

1. PLACE OF DEATH:

County: Charles

City or town: Indian Head

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Indian Head

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Warren Hoffman

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 18 - 1925

8. AGE:

Years	Months	Days	If less than one day
21	4		..... hrs. ..... min.

9. Birthplace: Warrenton Va (town, county, and state)

10. Usual occupation: attd St Elizabeth Hosp Dc

11. Industry or business

FATHER

12. Name: George Hoffman

13. Birthplace: Va.

MOTHER

14. Maiden name: Emma Smith

15. Birthplace: Va

16. Informant: Emma Hoffman

Address: Pisgah Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-21-46 (month) (day) (year)

Cemetery or crematory: Arlington memorial

Location: arlington Va

18. Funeral director: Smith & Payne

Address: Waldorf Md

19. 12-21 19 46 Judie H. Peary

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18, 19 46, at 2:48 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on Dec. 18, 19 46, to 19 ..... and that I last saw him alive on Dec. 18, 19 46.

Immediate cause of death	DURATION
Gunshot wound of chest	7'
Due to: Apparently accident	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident Date of 12-18-46

Where did injury occur? Indian Head (City or town), Charles (County), Md (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury .22 revolver Injured at work? No

Deputy Medical Examiner

23. SIGNATURE: James L. MacKavanagh, M.D. M. D. or other

Address: La Plata, Md Date signed 12-18-46

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

12024

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

Reg. Dist. No. 1060

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Charles
City or town Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Indian Head
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME James William Howard

3.(b) Social Security Number

4. Sex M | 5. Color or race W | 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mary Irene Howard

6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) March 14 1869

8. AGE: Years 77 | Months 8 | Days 22 | If less than one day ... hrs. ... min.

9. Birthplace Pomonkey Charles Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business Laborer (State Roads)

FATHER 12. Name James R. Howard

FATHER 13. Birthplace Charles Co. Md.

MOTHER 14. Maiden name Sally Coombs

MOTHER 15. Birthplace Charles Co. Md

16. Informant Mary Howard
Address Indian Head Md.

17. Burial Date thereof Dec 7 46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Charles
Location Glymont Md.

18. Funeral director Stanley Penny
Address Pisgah Md

19. 12/6 1946 Odey Price
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1946, at 1120 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~ 1940, to ~ 1946
and that I last saw h... alive on June 1946

Immediate cause of death — DURATION

Cardio-Vascular
Due to Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. O. Bicknell M.D.
M. D. or other
Address Waldorf Md Date signed Dec 6 46

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

12025

Reg. Diat. No. 1060

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Mason Springs
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

—

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Mason Springs
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME: Beulah Maria Johnson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 2-27-39

8. AGE:

Years	Months	Days	If less than one day
7	9	25	..... hrs. ..... min.

9. Birthplace
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Robert Johnson
13. Birthplace

MOTHER
14. Maiden name: Gertrude Johnson
15. Birthplace

16. Informant: Gertrude Johnson
Address: Mason Springs, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-24-46 (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Waysmoy Md

18. Funeral director: Hewitt & Pyron

Address: Waldorf Md

19. 12/30/46 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 22, 1946, at 2:00-3:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22, 1946, to —, 19—; and that I last saw him alive on Dec. 22, 1946.

Immediate cause of death	DURATION
Charred	minutes
Due to Accidental conflagration	..
Due to House burned down	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 12-22-46

Where did injury occur? Mason Springs, (City or town) Charles, (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury: House burned down Injured at work? No

23. SIGNATURE: John L. MacKavanagh, M.D. Dep. Md. Coroner
M. D. or other

Address: La Plata Md. Date signed 12-22-46

E-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

12026

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Mason Springs
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs.

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Mason Springs
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Elaine Johnson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 8-11-46

8. AGE:	Years	Months	Days	If less than one day
	0	4	11	hrs. min.

9. Birthplace: Mason Springs, Chas., Md.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Robert Johnson
13. Birthplace:

MOTHER
14. Maiden name: Gertrude Johnson
15. Birthplace:

16. Informant: Gertrude Johnson
Address: Mason Springs, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-24-46 (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Mangumery Rd

18. Funeral director: Hewett & Ryon

Address: Waldorf Md

19. 12/30 1946 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 22, 1946 at 2:00-3:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22 1946, to 19; and that I last saw h[illegible] on Dec. 22 1946

Immediate cause of death: Charred — DURATION: minutes

Due to: Accidental conflagration — DURATION: "

Due to: House burned down — DURATION: "

Other conditions: — DURATION:

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 12-22-46

Where did injury occur? Mason Springs (City or town) Charles (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: House burned down Injured at work? No

Dep. Md. Examiner

23. SIGNATURE: Jane I. MacKaye Gough M.D.
M. D. or other

Address: La Plata, Md. Date signed: 12-22-46

2-35

12027

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

Reg. Diat. No. 1060

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Mason Springs

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Mason Springs

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME: Janet Virginia Johnson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 7-3-40

8. AGE:

Years	Months	Days	If less than one day
6	5	17,	..... hrs. ..... min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Robert Johnson

13. Birthplace

MOTHER

14. Maiden name: Gertrude Johnson

15. Birthplace

16. Informant: Gertrude Johnson

Address: Mason Springs, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-24-46 (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Waldorf Md

18. Funeral director: Hewitt & Pyon

Address: Waldorf Md

19. 12/30 (Date rec'd by registrar) 1946 Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 22 19 46, at 2 00 3 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22 19 46, to 19 ; and that I last saw h... alive on Dec. 22 19 46

Immediate cause of death	DURATION
Burned	Minutes
Due to Accidental conflagration	"
Due to House burned down	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 12-22-46

Where did injury occur? La Plata (City or town), Charles (County), Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: House burned down Injured at work? No

Dep. Coll. Examiner

23. SIGNATURE: John L. Mackarmagh, M.D. (M. D. or other)

Address: La Plata, Md. Date signed 12-22-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

CERTIFICATE OF DEATH

12028

Reg. Dist. No. 1060

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Mason Springs
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

—

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Mason Springs
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME: Robert Norris Johnson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 3-22-43

8. AGE:

Years	Months	Days	If less than one day
3	9	0	..... hrs. ..... min.

9. Birthplace: Pinesville - Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Robert Johnson
13. Birthplace

MOTHER
14. Maiden name: Gertrude Johnson
15. Birthplace

16. Informant: Gertrude Johnson
Address: Mason Spring, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-24-46 (month) (day) (year)
Cemetery or crematory: Oak Grove
Location: Waysmoy Md

18. Funeral director: Hunter & Ryon
Address: Waldorf Md

19. 12/30 1946 Odey Price
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 22, 1946, at 2^00 - 3^00 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 22, 1946, to ..... 19.....
and that I saw h... on Dec. 22 1946

Immediate cause of death	DURATION
Burned	
Due to Accidental conflagration	"
Due to House burned down	"
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 12-22-46
Where did injury occur? Mason Spring, (City or town) Charles, (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury House burned down Injured at work? No

Dep. Med. Examiner

23. SIGNATURE: John L. MacKavanagh, M.D. M. D. or other
Address: La Plata, Md Date signed 12-22-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (20)

CERTIFICATE OF DEATH

12029

Reg. Dist. No. 1660

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Mason Springs

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

—

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Mason Springs

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Thomas Harris Johnson

3. (b) Social Security Number 525

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 9-24-44

8. AGE: Years 2 | Months 2 | Days 28 | If less than one day ... hrs. ... min.

9. Birthplace (Town, county, and state) Unknown - Md.

10. Usual occupation

11. Industry or business

FATHER 12. Name Robert Johnson

13. Birthplace

MOTHER 14. Maiden name Gertrude Johnson

15. Birthplace

16. Informant Gertrude Johnson

Address Mason Springs, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-24-46 (month) (day) (year)

Cemetery or crematory Oak Grove

Location Waldorf Md

18. Funeral director Smith & Ryder

Address Waldorf Md

19. 12/30 1946 Odey Price

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1946, at 2:00 - 3:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22 1946, to ... 19..

and that I last saw h... alive on Dec. 22 1946

Immediate cause of death	DURATION
Burned	minutes
Due to Accidental conflagration	"
Due to House burned down	"
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12-22-46

Where did injury occur? Mason Springs (City or town) Charles (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury House burned down Injured at work? No

Dep. Med. Examiner

23. SIGNATURE James L. MacKaye, M.D. M. D. or other

Address La Plata, Md. Date signed 12-22-46

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

12030

CERTIFICATE OF DEATH

Reg. Dist. No. 1010

1. PLACE OF DEATH:
County: Charles
City or town: Chicamuxen
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Chicamuxen
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: James Edward King

3. (b) Social Security Number:

4. Sex: M | 5. Color or race: C | 6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Mary King

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 23 1876

8. AGE: Years: 70 | Months: 3 | Days: 9 | If less than one day: hrs. min.

9. Birthplace: Indian Head, Chas Co. Md.
(Town, county, and state)

10. Usual occupation: Powder factory attendant

11. Industry or business: Retired

FATHER
12. Name: Isaac King
13. Birthplace: Charles Co. Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Earl L. King
Address: Marbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 6 1946 (month) (day) (year)
Cemetery or crematory: Pleasant Grove
Location: Marbury Md.

18. Funeral director: Stanley Penny
Address: Pisgah Md

19 Dec 3 1946 (Date rec'd by registrar) Mary Smallwood Deane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 2 1946, at 11:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940, to 1946
and that I last saw h... alive on 1946

	DURATION
Immediate cause of death: Diabetes	
Valvular Heart Disease	
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Dr. C. Bicknell M.D. (M. D. or other)
Address: Marbury Md Date signed: Dec 3 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (100)

CERTIFICATE OF DEATH

12031

Reg. Dist. No. 1000

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20'

Hospital, Institution, or street address where death occurred: Physicians Memorial Hospital

How long in hospital or Institution? 20'

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata Indian Head

(If outside city or town limits, write RURAL and give nearest town)

Street No. # 4 Highland Pl. Pat. Hts.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME Mattox

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1946

8. AGE: Years | Months | Days | If less than one day: 0 hrs. 25 min.

9. Birthplace: La Plata, Charles, Md. (Town, county, and State)

10. Usual occupation: Infant

11. Industry or business

FATHER

12. Name: Ernest C. Mattox, Jr.

13. Birthplace: Hurt, Va.

MOTHER

14. Maiden name: Nalma Heaton

15. Birthplace: Sipsey, Alabama

18. Informant: Ernest C. Mattox Jr.

Address: #4 Highland Pl Pat Hts Indian Head

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-24-46 (month) (day) (year)

Cemetery or crematory: Arlington Mem

Location: Arlington Va

18. Funeral director: Hunter Rhyon

Address: Waldorf Md

19. 12-24 1946 (Date rec'd by registrar) Julia A. Posey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 23, 1946, at 3:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on Dec. 23, 1946, to 19..; and that I last saw h.. alive on Dec. 23 1946.

	DURATION
Immediate cause of death: Intracerebral hemorrhage	25-30'
Due to: Birth injury	25-30'
Due to: Outlet dystocia with long forceps delivery	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide? Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John F. MacKaye, M.D. M. D. or other

Address: La Plata, Md. Date signed 12-23-46

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30d

CERTIFICATE OF DEATH

12032

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: LaPlata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

D. O. A. — Physicians Memorial Hospital

How long in hospital or institution? Dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: LaPlata

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: James McPherson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 1, 1910

8. AGE:

Years	Months	Days	If less than one day
36	8	13	..... hrs. ..... min.

9. Birthplace: La Plata, Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: Frank McPherson

FATHER — 13. Birthplace: La Plata, Md.

MOTHER — 14. Maiden name: Elizabeth Norris

MOTHER — 15. Birthplace: New Town, Md.

16. Informant: Katie Cager (niece)

Address: La Plata, Md

17. (Burial, cremation, or removal. Which?) Burial — Date thereof 12/17/46 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: Laplata, Md.

18. Funeral director: Hewett & Ryon

Address: Waldorf, Md.

19. Dec. 15 1946 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 14 1946, at 10:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on Dec. 14, 1946, to ..... 19..... and that I last saw h.. him alive on Dec. 14, 1946

Immediate cause of death	DURATION
Sudden death — exact mechanism undetermined	Seconds
Due to: Probably, syphilitic heart disease with aortitis	5-10 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Deputy Medical Examiner John T. MacKavanagh, M.D. M. D. or other

Address: La Plata, Md. Date signed 12-14-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1 - 3J

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12033

Reg. Dist. No. 1006

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Charles
City or town: Du Bois
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MARYLAH County: Charles
City or town: Du Bois
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Essa Florence Padgett

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Widow

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Feb 15 1873

8. AGE:

Years	Months	Days	If less than one day
73	10	8	...hrs. ...min.

9. Birthplace: Charles Co. Md
(Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business

FATHER
12. Name: Benj Swann
13. Birthplace: Chas Co Md

MOTHER
14. Maiden name: M. Odd
15. Birthplace: Chas Co Md

16. Informant: Frank Padgett
Address: Charlotte Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12-26-46 (month) (day) (year)
Cemetery or crematory: Trinity
Location: [redacted] Wicomico, Md

18. Funeral director: Elmer M Quade
Address: Hughesville Md

19. 12-24 19 46 (Date rec'd by registrar) Julia H Raney Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 23 1946 19... at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1945 to Dec. 23 1946
and that I last saw h... alive on Dec. 9 1946

Immediate cause of death

	DURATION
Pulm. Tuberculosis	3 yrs.
Due to	
Due to	
Other conditions: General Physical weakness	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Lewis J Sothoron M. D. or other
Address: Charlotte Hall Date signed: 12-27-46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12034

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Waldorf
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ——

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Charles

City or town: Waldorf
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles Pimpleton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9-25-86

8. AGE:

Years	Months	Days	If less than one day
60	2	30	..... hrs. ..... min.

9. Birthplace: Rockingham, N.C.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER 12. Name: unk.

13. Birthplace

MOTHER 14. Maiden name: unk.

15. Birthplace

18. Informant: Roy Bright
Address: Cheltenham Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12.27.46 (month) (day) (year)

Cemetery or crema: Zion Wesley

Location: Waldorf Md.

18. Funeral director: Huntt And Ryon.
Address: Waldorf Md.

19. 12-27 (Date rec'd by registrar) 1946 M. L. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24, 1946, at 9:15 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 24, 1946, to ..... 19..... and that I last saw him alive on Dec. 24, 1946

Immediate cause of death	DURATION
Natural causes - unknown	
Due to: Natural causes - unknown	15'
Due to: (Presumably, cerebral hemorrhage or similar convulsive state)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Jno. L. MacKenzie, Deputy Medical Examiner
M. D. or other

Address: La Plata, Md. Date signed 9-24-46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12035

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 mths

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Cora Sayles

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: Thomas Sayles

6.(c) If alive, give age: 45-48 years

7. Birth date of deceased (mo., day, yr.): Febr. 6, 1906

8. AGE:	Years	Months	Days	If less than one day
	40	10	12	...hrs. ...min.

9. Birthplace: Md.

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Mathaius Milburn

13. Birthplace: La Plata, Md.

MOTHER — 14. Maiden name: Mary Thomas

15. Birthplace: La Plata, Md

16. Informant: James Milburn

Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/21/46 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: La Plata, Md

18. Funeral director: Hunt & Ryne

Address: Waldorf, Md.

19. 12-21-46 19... (Date rec'd by registrar) Julia H. Posey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 19, 1946, at 1 o A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 46, to Dec. 19 1946 and that I last saw h.. alive on Dec. 17, 1946

Immediate cause of death	DURATION
Sudden death —	
Mechanism Unknown	Seconds
Due to: Probably pulmonary tuberculosis	10 mos
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ... Date of op. ...

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury: ... Injured at work?

23. SIGNATURE: Deputy Medical Examiner James L. MacKavanagh, M.D. M. D. or other

Address: La Plata, Md. Date signed 12-19-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22)

CERTIFICATE OF DEATH

12036

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: Welcome, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20+ yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Welcome
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Ernest Colon Wenke

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Gertrude L. Garner.

6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): May 2, 1871

8. AGE: Years: 75 Months: 7 Days: 2 If less than one day: ...hrs. ...min.

9. Birthplace: Charles County
(Town, county, and state)

10. Usual occupation: Lumberman

11. Industry or business: Lumber.

MOTHER FATHER

12. Name: Andrew Christopher Wenke

13. Birthplace: Germany

MOTHER

14. Maiden name: Susan Bertha Monroe

15. Birthplace: Charles County, Md

16. Informant: Robert Wenke

Address: Welcome, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-6-46 (month) (day) (year)

Cemetery or crematory: Mt. Rest

Location: La Plata, Md

18. Funeral director: Hewitt & Byrd

Address: Waldorf Md

19. 12-6 (Date rec'd by registrar) 19 46 Julia H. Pasey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 4 19 46, at 12:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 18 19 46, to Dec. 4 19 46

and that I last saw h... im alive on Dec. 3 19 46

	DURATION
Immediate cause of death: Uremia - Acidosis	1 week
Due to: Hypertensive Cardiovascular Disease.	5 yrs +
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Farra Jarboe M.D.
M. D. or other

Address: La Plata, Md. Date signed 12/5/46.

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1766

12037

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred: Physicians Dental Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County: —

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 900 Harlin St. N.E.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Wilbur C. Wiley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8.(b) Name of husband or wife: Grace Poole Wiley

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 29, 1904

8. AGE:

Years	Months	Days	If less than one day
42	6	14	..... hrs. ..... min.

9. Birthplace: Cleveland, Ohio (Town, county, and state)

10. Usual occupation: Realtor

11. Industry or business

FATHER — 12. Name: Archibald Wiley

13. Birthplace: Washington D.C.

MOTHER — 14. Maiden name: Maude Shope

15. Birthplace: Washington D.C.

16. Informant: Mrs. Grace Wiley

Address: 6245-30th St. N.W., Wash., D.C.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: Dec. 16, 1946 (month) (day) (year)

Cemetery or crematory: Fort Lincoln Cemetery

Location: Pr. Geo. County, Maryland

18. Funeral director: The S. H. Sines Co.

Address: 2901-14th St. N.W. Wash., D.C.

19. Dec. 13 1946 (Date rec'd by registrar) Julia H. Casey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 13, 1946 at 12:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on Dec. 13, 1946, to ..... 19..... and that I last saw h... on Dec. 13, 1946

Immediate cause of death	DURATION
a cerebral hemorrhage	2 days
b Intracranial	
Due to: Auto accident	2 days
Due to:	
Other conditions: Multiple fractures	2 days

(Include pregnancy within 3 months of death)

Major findings of operations: No external hemorrhage found

Date of op. 12-12-46

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 12-11-46

Where did injury occur? White Plains (City or town), Charles (County), Md. (State)

Injured at home, farm, industry, public place (where?) U.S. #301

Means of injury: Auto hit me injured at work? No

Deputy Medical Examiner

23. SIGNATURE: James L. McKaughan, M.D. M. D. or other

Address: La Plata, Md. Date signed: 12-13-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1-35